



GOLD CARD MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____
Street Name

City

Zip Code

PHONE: _____

_____ (must be at least 60 years old)
Date of Birth

Applicant's Signature

***Please print and bring in this application to: Avon Grove School District Administrative Office
375 S. Jennersville Road, West Grove, Pa 19390**